

## TITLE OF REPORT: Long Term Conditions Strategy

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### 1. Purpose of the Report

This report is to inform the Health & Wellbeing Board of the publication and content of the Newcastle and Gateshead LTC Strategy, which was approved by the Newcastle and Gateshead CCG's Executive at its November 2016 meeting.

The strategy details the CCG's vision for Long Term Conditions over the next five years. The CCG aims to transform how services are managed, taking a partnership approach both in planning and providing care. It will aim to integrate services further, move care closer to the patient's community and increase the information and support people can access; making use of all the resources available in communities to fully develop the more than medicine approach. It will support the local implementation of priorities identified in the wider STP.

The CCG will work with Primary Care, local FTs, Local Authorities, the voluntary sector and general public to agree and support the development of integrated models of care that will deliver sustainable patient centred services. We will support transformation in Primary and Secondary Care and seek to commission new pathways of care that deliver the aims of this strategy.

The CCG will focus on delivering better value to the public. This will mean tackling unwarranted variation in clinical care, reducing waste and ensuring that quality and safety are at a key priority for all providers involved in the provision of LTC care.

### 2. Background

#### 2.1 Overview

Long Term Conditions represent a challenge for us all, those who are affected by a Long Term Condition and their carers, as well as commissioners and providers of health and social care.

Newcastle & Gateshead Clinical Commissioning Group uses the following definition of a long term condition:

***“Long Term Conditions (LTCs) are diseases that cannot currently be cured, but are controlled by medication and/or other treatment. They are health problems that require ongoing management over a period of years or decades and are often characterised by acute exacerbations of ill health resulting in repeated admissions to hospital”.***

We have ever increasing numbers of people affected by a LTC and new approaches are needed. Over 64,000 people in Gateshead have an LTC; and of

these 7.2% are diagnosed with 2 or more LTCs and 3.8% are diagnosed with 3 or more LTCs.

The Kings Fund report on long-term conditions and multi-morbidity states:

- long-term conditions are more prevalent in older people (58 per cent of people over 60 compared to 14 per cent under 40) and in more deprived groups (people in the poorest social class have a 60 per cent higher prevalence than those in the richest social class and 30 per cent more severity of disease) (1).
- People with long-term conditions now account for about 50 per cent of all GP appointments, 64 per cent of all outpatient appointments and over 70 per cent of all inpatient bed days.
- Treatment and care for people with long-term conditions is estimated to take up around £7 in every £10 of total health and social care expenditure (1).

Our local NHS and Social care work together to support those with LTCs to be as healthy as possible. In the last few years we have changed the emphasis of care for those with LTCs from a single disease model to a more holistic personalised, person-centered approach. We know that people with LTCs want a greater say in their care and their ideal would be *“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”* (2)

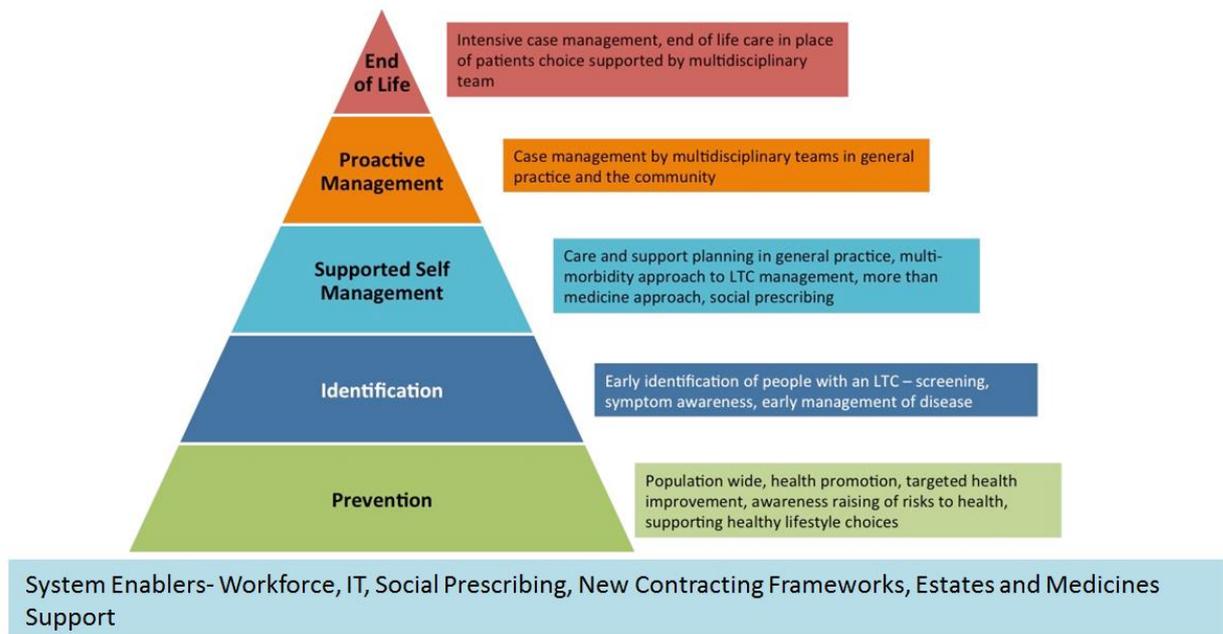
The strategy replaces the earlier Gateshead LTC Strategy published in December 2013 and is a new strategy for Newcastle. It was developed in conjunction with:

- The Newcastle & Gateshead CCG LTC Programme Board
- Newcastle upon Tyne Hospitals FT
- Gateshead Healthcare FT
- Newcastle and Gateshead Public Health Departments
- General Practices via engagement questionnaire
- CCG Clinical Leads

Patient and public input into the development of the strategy was informed through close working with the Gateshead Long Term Conditions Patient Reference Group and a survey - “Living with my LTC”- completed by 245 people living with LTCs across Newcastle and Gateshead. The Gateshead Local Engagement Board and Gateshead Patient, User, Carer and Public Involvement Group were also engaged in the development of the Strategy.

The CCG’s model for LTCs is summarised in the following diagram:

# Model for Long Term Conditions



## 2.2 Governance

Implementation of the LTC Strategy is assured by the Newcastle and Gateshead Long Term Conditions Programme Board. The Programme Board is underpinned by clinical working groups delivering programmes of work in the following areas:

- Diabetes
- Respiratory care
- Cardiovascular disease
- Cancer
- End of life care
- Liver disease
- Care and Support Planning (The Year of Care)
- Frailty

It will be the responsibility of these working groups to ensure implementation of the LTC Strategy. The working groups are accountable to the LTC Programme Board and provide quarterly updates on delivery of their work plans to the board.

The LTC Programme Board is accountable to Newcastle and Gateshead CCG Executive Committee.

## 2.3 Initial focus for implementation

In implementing the strategy initial focus will be on the following areas:

- Delivery of the CCG's Quality, Innovation, Productivity and Prevention plan (QIPP)
- Recognition and Management of Frailty as a Long Term Condition
- Delivery of Care and Support Planning for patients with multiple LTCs as a means to improve support for self management

- Development of Social Prescribing
- Diabetes care with a focus upon diabetes prevention and delivery of the standards identified within the CCG's Improvement and Assessment Framework.
- Developing the workforce with a particular focus on management of frailty, development of Primary Care Navigator roles, specialist support to primary care and community services wrapped around general practice
- Implementation of the National Cancer Strategy
- Review of End of Life Services
- Moving Care out of Hospital

The reduction in preventative and lifestyle change support services poses a risk to delivery of the strategy. As a result of this more people may develop long term conditions and those with existing long term conditions may find it more difficult to achieve lifestyle change.

### **3. Recommendations**

The Health and Wellbeing Board is asked to note the content of the LTC Strategy.

#### ***References***

1. Department of Health (2012). Report. Long-term conditions compendium of Information: 3rd edition
2. National Voices (2013) "A Narrative for Person Centred Coordinated Care" <https://www.england.nhs.uk/wp-content/uploads/2013/05/nv-narrative-cc.pdf> NHS England Gateway reference Number 00076

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